

TREATMENT OF DEPRESSION SECONDARY TO PAIN (DSP)

Abstract

Methods for the prevention or treatment of atypical depression secondary to pain (DSP) have been developed. The method generally involves administering an effective amount of a monoamine re uptake inhibitor to treat or prevent symptoms of DSP. In a preferred embodiment, a therapeutically effective amount of a dual serotonin norepinephrine reuptake inhibitor (SNRI) compound of a specific type, or a pharmaceutically acceptable salt thereof is administered. The most preferred SNRI compounds are non-tricyclic SNRIs, wherein serotonin reuptake inhibition is greater than norepinephrine reuptake inhibition; and NSRIs, wherein norepinephrine reuptake inhibition is greater than serotonin reuptake inhibition. The most preferred compound is milnacipran or a bioequivalent or pharmaceutically acceptable salt thereof. Other preferred compounds are duloxetine and venlafaxine or a bioequivalent or pharmaceutically acceptable salt thereof. In yet another embodiment, a therapeutically effective amount of a non-tricyclic triple reuptake inhibitor ("TRI") compound of a specific type, or a pharmaceutically acceptable salt thereof, is administered. The TRI compounds are characterized by their ability to block the reuptake (and, hence, increase central concentrations of) the three primary brain monoamines: serotonin, noradrenaline, and dopamine.